STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) James	3 J. Bianco, Jr.; Adam S	Schmidt; Karen Soucy;	Kathy Corey Fox
II. Name of lobbyist's partners Bianco Professional A	•	ny:	
	rship, firm or corporation)		
-		NIL	02201
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(Fax)	e-mail_ attys@	biancopa.com_
III. This statement covers: (Chereportable expense transaction			nay file a separate report fo
reportable expense transactions	s which are not attributable	to any one chem).	
X All reportable transactions oc	ecurring in the months prior to	the reporting date relative to t	he following client:
WellCare Health Plans,	Inc.		
	ne of Client as it appears on the Lo	obbyist Registration Form)	
<u>OR</u>			
☐ All reportable transactions by unrelated to any particular client.		obyist's family), or the lobbying	ng firm listed below which a
IV. Date of Report April 26	5. 2017 🗶	July 26, 2017	
- · · · · · · · · · · · · · · · · · · ·	te of registration to 3/31/17	activity from 4/1/17 to 6/30/1	7
October	25, 2017	January 31, 2018 🗌	
activity from	n 7/1/17 to 9/30/17	activity from 10/1/17 to 12/3	1/17
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.			
VI. Check if additional reports	are attached:		
	made expenditures, you must f	ile Addendum A- Fees and I	Expenses
 If you have paid an honorarion Expense Reimbursement 	um or reimbursed expenses, yo	ou must file Addendum B -R	eport of Honorariums or
☐ If you, your firm, or your fan	nily has made political contrib	utions, you must file Addend	um C- Political Contributio
Sworn Statement/Affirmation I have read RSA 15, RSA 15, B, I and complete to the best of my ki (Signature of lobbyist)	RSA 14-C and RSA 664 and he	4/2/17	foregoing information is tru
		(2)	•
James J. Bianco, Jr. (Print Name of lobbyist)	V		RECEIVE
(1 Thit Isame of lobbyist)			

APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) James J. Bianco, Jr., Adam Schmidt, Karen S	oucy, Kathy Corey Fox
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation) III. Name of Client WellCare Health Plans, Inc.	Date04/26/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$10,625
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$625
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfecs. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 fo ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$11,250
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$11,250
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	04/26/17
(Signature of lobbyist) James J. Bianco, Jr.	(Datc)
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association			
Name of Client (leave blank if Stateme			
particular client): WellCare Health	Plans, Inc.		
Date of Report (check one):			
April 26, 2017 🔀 July 26, 2017	October 25	, 2017 □ Janu	ary 31, 2018 □
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted submitted): Addendum A(s).	-	_	
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foreg complete to the best of my knowledge When the swear or affirm that the foreg complete to the best of my knowledge (Signature of lobbyist)	_	the Statement and ea	ach Addendum is true and
Adam Schmidt			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm	ame of Lobbying partnership, firm, or corporation: Bianco Professional Association		
Name of Client (leave blank if State			
particular client): WellCare Heal	th Plans, Inc.		
Date of Report (check one):			
April 26, 2017 🛣 July 26, 20	017 🗆 October	· 25, 2017 □ J	anuary 31, 2018 □
I have read RSA 15, RSA 15-B, RS the following Addendums submitted submitted):			
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the for complete to the best of my knowledge			
(Signature of lobbyist)			(Date)
Karen Soucy			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corpora	ation: Bianco Professional Association
	the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans,	, Inc.
Date of Report (check one):	
April 26, 2017 🛣 July 26, 2017 □	October 25, 2017 □ January 31, 2018 □
	e Statement of Income and Expenses described above, and t Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing info complete to the best of my knowledge and belie	formation on the Statement and each Addendum is true and ef.
(Signature of lobbyist)	(Date)
Kathy Corey Fox	
(Print Name of lobbyist)	